



Addressing Secondary Prevention Through Health Care Provider Workshops

Public Health Problem

Cardiovascular disease (CVD), mainly heart disease and stroke, is the leading cause of death for both men and women in Maine. In 2000, \$437 million was spent for cardiovascular-related hospital charges in Maine, which is about one-fourth of all hospital charges.

Evidence That Prevention Works

Compelling evidence supports aggressive therapies for patients with CVD. The American Heart Association and American College of Cardiology urge medical care settings where CVD patients are treated to develop a specific plan to identify high-risk patients, apply the guidelines, and assess the success of appropriate treatments.

Program Example

Supported by CDC, the Cardiovascular Health (CVH) Program in the Maine Department of Human Services, Bureau of Health, collaborates with the Maine Cardiovascular Health Council (MCHC) and the American Heart Association New England affiliate to improve secondary prevention. The CVH program and the American Heart Association provide regular training for health care providers. The American Heart Association hospital quality assurance program, "Get With the Guidelines," is being conducted. The CVH program collaborates with the American Heart Association and the American Hospital Association to implement prevention guidelines for patients discharged from hospitals. The Maine Taskforce on Cardiovascular Disease Prevention, the medical advisory arm of the CVH Program, implemented a system of enrolling patients in cardiac rehabilitation programs. Another partner, the Maine Cares Coalition, a network of provider-sponsored community-based support programs, is working to ensure that treatment for patients with coronary heart disease and congestive heart failure follows national guidelines.

Implications

This program demonstrates the importance of implementing recognized guidelines for the primary and secondary prevention of heart disease and stroke, which lead to fewer deaths following heart attacks and strokes. In Maine, statewide improvements have already been documented in the increased use of lipid lowering medication and reductions in patient cholesterol levels.